

Bank Draft Authorization Form

AF55019 (11/22)



Americo Financial Life and Annuity Insurance Company

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DRAFT INFORMATION	<p>I authorize Americo and their banking institution to pay or charge my payment method as indicated on this application. This authorization will remain in effect until revoked by Americo or me. I further understand that Americo requires a 5-business day advance notice to setup, change, or discontinue my bank draft information and should any draft not be honored for the reason of "insufficient funds", a second attempt to draft may occur. I authorize Americo Life, Inc., to verify the validity of the financial institution information provided with any third-party including, but not limited to, any consumer reporting agency for purposes of confirming accurate pre-draft information.</p> <p>FOR EXISTING POLICIES: Unless otherwise requested, premium draft date will be the existing premium due date.</p> <p>DRAFT DATE: (If no option is selected, Draft Date will default to the first option listed below)</p> <p><input type="checkbox"/> Upon issue and on the policy's regular due date thereafter</p> <p><input type="checkbox"/> Specific start date: _____ / _____ <i>Must be within 10 days of the Due Date and cannot be on the 29th, 30th, or 31st of the month. It may take up to 4 business days from the day we initiate the draft for your bank to process this transaction.</i> <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day </div> </p> <p>Additional option for Final Expense applications: Available for New Issues for policy numbers starting with "AM" after May 2021.</p> <p><input type="checkbox"/> Social Security Billing: _____ <i>A premium draft option that matches the Social Security Administration's schedule of payments</i> <div style="display: flex; justify-content: space-around; width: 100%;"> Social Security Billing Option Social Security benefits. The actual date of draft could vary each month. </div> </p> <p>ACCOUNT TYPE: (If no option is selected, Account Type will default to the checking account option)</p> <p><input type="checkbox"/> Checking Account <i>(attach voided check)</i></p> <p><input type="checkbox"/> Savings Account <i>(attach deposit slip)</i></p> <p><input type="checkbox"/> Check with Application <i>(use the deposit and routing numbers from the enclosed check in lieu of a voided check)</i></p> <p><input type="checkbox"/> Please use Bank Draft information from Americo policy number: _____</p>			
INSURED INFORMATION	Insured Name(s)		Policy Number(s)	
PAYOR INFORMATION	Payor Name		Name as it Appears on the Bank Account	
	Relationship to Proposed Insured	Phone Number	SSN/TIN	Date of Birth
	Address <i>(if mailing address is a PO Box, a street address is also required)</i>			
SIGNATURE	Payor's Signature (REQUIRED, as it appears on bank records)			Date

Attach Voided Check/Deposit Slip Here
 Complete below only when voided check or deposit slip is not available

ALTERNATE ACCOUNT VERIFICATION	<p>Routing Number _____</p> <p>Account Number _____</p> <p><input type="checkbox"/> Check here if this is a business account</p> <p>Agent's Certification (For New Business only) I do hereby attest that I personally verified this information. I understand that any misrepresentation or falsification on my part will rescind my privilege to use this form and may lead to immediate termination of my appointment with the Company.</p> <p>_____</p> <p>Agent's Signature (REQUIRED) Agent's Number</p>			
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